STATE OF MAINE DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES OFFICE OF THE STATE CONTROLLER

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REBECCA M. WYKE COMMISSIONER

EDWARD A. KARASS STATE CONTROLLER

INTEROFFICE MEMORANDUM

TO: All State Departments and Agencies

FROM: Laurie A. Andre, Supervisor General Accounting Division

DATE: Original: June 11, 2004; Revised: January 6, 2005, January 5, 2006

SUBJECT: Vendor Forms

- 1. Current vendor forms are located at our web site: www.maine.gov/osc/forms.htm
- 2. Please use the newest, updated form; destroy all previous blank vendor forms. Any forms that have already been distributed to vendors will be accepted.
- 3. We will <u>no</u> longer accept faxed forms. Unless it is an URGENT issue. <u>Do not</u> mail a form you have faxed. We are required to keep the <u>original</u> on file. Agencies may want to keep a copy of the completed form in their files.
- 4. Make sure the form is filled out **completely** or it will not be processed. (see # 5c)
 - a. SSN or EIN must be given. (unless it's an international vendor w/o US TIN)
 - b. Full Name of person or business as filed with IRS. (one name per a form)
 - i. DBA listed second for individual persons or business.
 - c. REMITTANCE address ONLY. (Where checks are mailed to.)
 - i. Street OR PO Box. (NOT both)
 - ii. Must include City, State, & Zip
 - d. Signature of individual person or business agent only.
 - e. Current date, no older than three (3) months.

^{*} More information on the internet at: www.maine.gov/osc/accounting/vendor.htm *

- 5. The form needs to be typed or printed clearly.
 - a. <u>New Vendors:</u> Vendors are to fill out <u>one</u> form as a new vendor.
 - i. Only check "NEW VENDOR" if it's truly new.
 - ii. Check "NEW VENDOR" if it's not currently known to MFASIS.
 - iii. Agencies are responsible for verifying that the vendor is not already in MFASIS.
 - b. <u>Vendor changes:</u> Vendors are to complete <u>one</u> form to notify us of the following changes:
 - i. Change in remit to address.
 - ii. Change in name, business name and/or Doing Business As name.
 - iii. Changing from a SSN to an EIN. (new number at the top, old number in "OLD" section of form.)
 - iv. Change in contact information.
 - c. Unclear or illegible forms will be returned to the agency listed at bottom of form, via inter-office mail or U.S. Postal Service, weekly. If none listed they will be disposed of.
 - d. <u>Do not</u> send new form for erroneous keying errors (typo), please <u>email</u> fix with
 ID# to current vendor entry person. (Tracie Perreault)
- 6. Forms are entered in the order in which they are received. Please allow 5 business days from date sent for Vendor Updates.
- 7. State employees must use their home mailing address, either street, rural route or post office box. Any worksite address for state employees <u>will not</u> be accepted.
- 8. Please include agency information.
 - a. Agency # & SHS #
 - b. Contact Name & Title (who can answer questions regarding vendor)
 - c. Phone number of Agency contact.

^{*} More information for agencies also on the internet at: www.maine.gov/osc/accounting/vendor.htm *